



Industrial User Pretreatment Questionnaire

Public Works Department

www.springfieldmo.gov

In accordance with Title 40 of the Code of Federal Regulations Part 403, 403.14, information, dates, & data provided within this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a facility discharge permit be required for the facility listed below, information listed in the questionnaire may be used to issue the permit.

A. GENERAL INFORMATION

Company Name	
Company Mailing Address/ P.O. Box	
Company City & State	Zip Code
Premise Address	
Premise City & State	Zip Code
Name & Title of Signatory Official	
Telephone No.	Email Address
Alternate Contact Name (if any)	
Telephone No.	Email Address
Check One Existing Discharge <input type="checkbox"/> Proposed Discharge <input type="checkbox"/>	
If Proposed, date of anticipated discharge	

I certify under penalty of law that this document and all attachments were prepared under my direction and/or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of monetary fine and/or imprisonment for knowledge of violations.

Date

Name Printed of Authorized Representative

Signature of Authorized Representative

B. PRODUCT OR SERVICE INFORMATION

Give a brief description of the primary manufacturing or service activity at the premise address and the applicable Standard Industrial Classification (SIC) Code(s).

Description	SIC #	Description	SIC #

Principal Raw Material Used

Principal Products Produced- Check all that apply:

Activity		SIC #	Activity		SIC #
<input type="checkbox"/>	Electroplating		<input type="checkbox"/>	Photographic Processing	
<input type="checkbox"/>	Flammables, Explosives		<input type="checkbox"/>	Plastics Processing	
<input type="checkbox"/>	Food Preparation Service		<input type="checkbox"/>	Printing	
<input type="checkbox"/>	Laboratory		<input type="checkbox"/>	Repair Shop, Auto Garage	
<input type="checkbox"/>	Laundry, Cleaning		<input type="checkbox"/>	Research & Development	
<input type="checkbox"/>	Machine Shop		<input type="checkbox"/>	Rubber Processing	
<input type="checkbox"/>	Medical Care		<input type="checkbox"/>	Steam/Power Generation	
<input type="checkbox"/>	Metal Finishing, Painting		<input type="checkbox"/>	Warehousing	
<input type="checkbox"/>	Paint or Ink Formulation		<input type="checkbox"/>	Other (Please Specify)	

C. PLANT OPERATIONAL CHARACTERISTICS

Are major processes batch or continuous?

Average number of batches in a 24 hour day:

Are your processes subject to seasonal variations?

If yes, indicate the months of peak operation

Shift Information:

No. of shifts per day

Number of days per week

Average No. of employees per shift 1st

2nd

3rd

Describe any water recycling, material recovery or reclamation process utilized.

Is a Spill Prevention Control & Countermeasure Plan (As required by 40 CFR 112, Oil Pollution Prevention) prepared for the facility?

D. WATER CONSUMPTION & LOSS

1. Raw water source(s) - Check all that apply:

Source	Source
<input type="checkbox"/> City Utilities of Springfield	<input type="checkbox"/> Privately Owned Water Company
<input type="checkbox"/> Private Contract Source	<input type="checkbox"/> Private Well
<input type="checkbox"/> Surface Water Source	<input type="checkbox"/> Other

2. Water bill address:

3. Water service Account No.

4. List past 12 month period from water bills:

1st six month period of the year 20 - CCF

2nd six month period of the year 20 - CCF

Volume from other water source(s), gallons per day:

Name of other water source(s):

5. List water consumption within the facility:

Type	Estimated Avg. Volume (Gal./day)	Type	Estimated Avg. Volume (Gal./day)
a. Cooling Water		e. Plant & Equipment Washdown	
b. Boiler Feed		f. Irrigation & Lawn Watering	
c. Process		g. Other (Specify)	
d. Sanitary		h. Total of <u>a.</u> through <u>g.</u>	

6. List average volumes of discharge or water losses to:

Outlet	Estimated Avg. Volume (Gal./day)	Outlet	Estimated Avg. Volume (Gal./day)
a. Municipal Sanitary Sewer		e. Contained in product	
b. Storm Drain, surface		f. Other (Specify)	
c. Wastewater Hauler		g. Total of <u>a.</u> through <u>g.</u>	
d. Evaporation			

7. List average water usage and average wastewater discharge for SIC processes itemized in Section B, attach additional sheets if needed:

Brief Description of Process	SIC #	Avg. Water Consumption (Gal./day)	Estimated Avg. Discharge (Gal./day)
a.			
b.			
c.			

8. Describe any water treatment or conditioning processes used:

E. SEWER INFORMATION

- 1. Attach a scaled drawing of your facility indicating the location of all building sewers. In addition, indicate the location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other physical structures should be included.**
- 2. List facility sewers shown in item 1, size and flow; assign sequential reference numbers to each sewer starting with No. 1 (if more than 3, attach additional connection information on another sheet):**

Reference No.	Sewer Size (Inches)	Location of Sewer Connection or Discharge Point	Avg. Flow (gpd)
1.			
2.			
3.			

F. WASTEWATER INFORMATION

- 1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?**
☐ Yes If "Yes", complete the remainder of the questionnaire.
☐ No If "No", you may skip to Section G.
- 2. Please indicate the quantities discharged from the activities indicated below in units of gallons per day (gpd). (Refer to Section D) The quantities are to be given for each sewer receiving the discharge. Place an asterisk (*) on any outfall discharging to a storm drain or to surface water and indicate the NPDES Permit number and NPDES Outfall number.**

Type	1	2	3
Process (From D-7)			
a.			
b.			
c.			
Sanitary			
Boiler			
Cooling			
Plant& Equipment Washdown			
Regeneration (from D-8)			
Other (Specify)			
Total			
*NPDES Permit #			
*NPDES Permit Outfall #			

3. Is any form of wastewater pretreatment utilized at this facility? ☐ Yes ☐ No

If “Yes”, briefly describe:

4. If any wastewater analyses have been performed on the wastewater discharge from your facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and the location(s) from which the sample(s) were taken (attach sketches, plans, etc. as needed).

5. **Priority Pollutant Information:** Please indicate by placing an “X” in the appropriate box by each listed chemical whether it is “Suspected to be Absent,” “Known to be Absent,” “Suspected to be Present,” or “Known to be Present” in your manufacturing, process, or service activity, or generated as a by-product. Some compounds are known by other names.

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
1	Asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Mercury, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cyanide, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Nickel, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Antimony, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Selenium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Arsenic, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Silver, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Beryllium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Thallium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Cadmium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	Zinc, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Chromium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Copper, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Lead, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
19	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75	Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77	Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78	4,6-dinitro-2-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Benzo(a)anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Benzo(a)pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Benzo(b)Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82	1,2-diphenylhydrazine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Benzo(g,h,i)perylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83	Endosulfan I*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84	Endosulfan II*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	a-BHC(alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85	Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	b-BHC(beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	d-BHC(delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	g-BHC*(gamma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Bis(2-chloroethyl)ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Bis(2-chloroethoxy)methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90	Fluorene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Bis(2-chloroisopropyl)ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Bis(chloromethyl)ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Bis(2-ethylhexyl)phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93	Hexachlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Bromodichloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Bromoform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95	Hexachlorocyclopentadiene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Bromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96	Hexachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	4-bromophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97	Indeno (1,2,3-cd) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Butylbenzyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98	Isophorone*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Carbon Tetrachloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99	Methylene chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	4-chloro-3-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102	2-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Chloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103	4-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104	N-nitrosodimethylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Chloroform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105	N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Chloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106	N-nitrosodiphenylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107	PCB-1016*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	2-chlorophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108	PCB-1221*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109	PCB-1232*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Chrysene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110	PCB-1242*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	4,4 ¹ -DDD*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111	PCB-1248*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	4,4 ¹ -DDE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112	PCB-1254*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	4,4 ¹ -DDT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113	PCB-1260*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Dibenzo(a,h)anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Dibromochloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115	Phenathrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	1,2-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	1,3-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	1,4-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118	2,3,7,8-tetrachlorodibenzo-p-dioxin*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	3,3'-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119	1,1,2,2-tetrachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Dichlorodifluoromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120	Tetrachloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	1,1-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121	Toluene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	1,2-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	1,1-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	trans-1,2-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124	1,1,1-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125	1,1,3-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	1,2-dichloropropane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126	Trichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	(cis & trans) 1,3-dichloropropene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127	Trichlorofluoromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Diethyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129	Vinyl chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	2,4-dimethylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

6. For chemical compounds in F-5 which are indicated to be “Known Present, please list and provide the following data for each: (attach additional sheets if needed)

[illegible]

G. OTHER WASTES

1. Are any liquid wastes or sludges generated and not disposed in the sewer system?

☐ Yes ☐ No

If "No", skip remainder of Section G.

If "Yes", complete items 2 and 3, or execute the authorization in item 4.

2. These wastes may best be described as: (check all that apply)

<input type="checkbox"/>	Type	Estimated gallons or lbs./year
<input type="checkbox"/>	Acids and/or Alkalies	
<input type="checkbox"/>	Heavy Metal Sludges	
<input type="checkbox"/>	Inks/Dyes	
<input type="checkbox"/>	Oil and/or Grease	
<input type="checkbox"/>	Organic Compounds	
<input type="checkbox"/>	Paints	
<input type="checkbox"/>	Pesticides	
<input type="checkbox"/>	Plating Wastes	
<input type="checkbox"/>	Pretreatment Sludges	
<input type="checkbox"/>	Solvents/Thinners	
<input type="checkbox"/>	Other Hazardous Wastes (Specify)	
<input type="checkbox"/>	Other Wastes (Specify)	

3. For the above checked wastes, does your facility practice:

- ☐ Onsite storage
☐ On-site disposal
☐ Off-site disposal

4. Authorization statement as alternative to completing items 2 & 3:

I, _____ of _____
(Authorized representative of the User) (Company Name)

Hereby authorize the Missouri Department of Natural Resources to release to the City of Springfield the information filed by this facility as a hazardous waste generator.

(MDNR Hazardous Waste Generator Number)

(Signature of Authorized Representative of the User)

(Date)